CERTIFICATE OF T	RANSMISSION BY FACS	SIMILE (37 CFR 1.8)	Docket No. MPCI-0135
Application No.	Filing Date	Examiner	Group Art Unit
10/727805	12/04/2003	Pryor	1616
vention: Storage-stable	and bio-stable formulations of	CE	Preparation thereof  RECEIVED  INTRAL FAX CENTER  MAY U 3 2007
I hereby certify that this s being facsimile transmi		Change of Correspondence (Identify type of correspondence) It and Trademark Office (Fax.	No. 571-273-8300
May 3, 20 (Date)	007		
		Barbara D (Typed or Printed Name of Pe	
	<u></u>	Ball	ire)
	Note: Each paper must	have its own certificate of mailing.	

MAY,02,2007 01:16

MUTUAL\_2152886559

#1015 P.002 /002

P10/55/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/727,805 Filing Date RECEIVED 12/04/2003 POWER OF ATTORNEY First Named Inventor CENTRAL FAX CENTER Spiridon Spireas and Storage-stable and bio-stable formu CORRESPONDENCE ADDRESS MAY U 3 2007 Art Unit INDICATION FORM Examiner Name Alton Nathaniel Pryor MFC1-0135 Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 23413 Practitioners associated with the Customer Number. Practitioner(s) named below: Registration Number Name as mylour atturney(s) or agent(a) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to:  $|\mathbf{Z}|$ The address associated with the above-mentioned Customer Number: 23413 The address associated with Gustomer Number. OR Firm or Individual Name Address State Zup City COUNTY Email. Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/98) SIGNATURE of Applicant or Assignee of Record Signature an Dale Telephono Name Brendan Magrab Executive Vice President, Commercial Operations, General Counsel, Multial Pharmaceutical Co Title and Company NOTE: Signatural of all the inventors or sessigneed of record of the entire interest or their sepresentative(s) are required. Submit multiple forms if more than one signature is required, as a percent \*Yolel of forms are submitted. This policition of information a required by 37 GFR 1.31, 1.32 and 1.32. The information is required to obtain or retain a benefit by the public which is to the (and by the DEPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 GFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the ampute of time you require to complete this form antitor suggestions for reducing this burden, should be sent to the Cruef information Officer, U.S. Putant and Trademark Office, U.S. Department of Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.